Methodist Homes

Trembaths

Inspection report

Talbot Way
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced comprehensive inspection was carried out on 19 July 2018. During our last comprehensive inspection on 11 July 2017 we rated the service requires improvement as they were not meeting the required standards. On 07 February 2018 we carried out a focused inspection to check that improvements to meet legal requirements planned by the provider after our inspection on 11 July 2017 had been made. The team inspected the service against two of the five questions we ask about services: Is the service well led, and is the service safe? Following the focused inspection, the rating remained requires improvement. Further improvements were needed to achieve Good rating. At this inspection we found that they were meeting the standards.

Trembaths is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Trembaths is registered to provide personal and nursing care for up to 51 older people, including people living with dementia. At the time of the inspection there were 46 people living there.

The service had a manager who had applied to be registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The manager had been in post since March 2018 and they had been quick in identifying all the areas which needed improving for people to receive a good service. We saw that they were actively supporting staff on the floor, coaching and mentoring them to ensure staff delivered personalised care and support and were not task led.

Staff were trained and supported to carry out their roles effectively. They gave us positive feedback about the manager and their approach towards them, people and relatives.

People told us they felt safe at the home and they were cared for by staff who were kind and protected their privacy and dignity. However, people and relatives reported that at times staff turned call bells off promising they would be back soon to meet peoples` needs but waiting times had been up to 15 minutes on occasions. They also told us that there were times when they felt there was a shortage of staff. The manager had identified these issues and carried out observations and updated people`s dependency assessments to ensure at all times there was sufficient numbers of staff allocated to meet peoples` needs. They also observed staff answering call bells and monitoring if staff met people`s needs in a timely way.

Staff showed an understanding of safeguarding and issues of consent and capacity. They were aware of preventing and recognising the different types of abuse and neglect and told us they would feel confident

reporting concerns to the manager and external safeguarding authorities.

People`s medicines were administered safely by trained staff who had their competencies checked. There were processes in place to deal with emergencies and staff were knowledgeable about these.

Staff were aware of the need to assess and manage risks whilst allowing people freedom to make choices about their lives. There were risk assessments in place for any identified risk to people`s well-being.

Staff adhered to the principles of the Mental Capacity Act 2005. People had regular access to health and social care professionals. People enjoyed a variety of foods and the mealtime experience observed was positive.

People and relatives told us that staff were kind. People shared mixed views about whether they were involved in planning their care. Confidentiality was promoted and there were regular links to the community.

New care plans were being rolled out by the provider and people's care plans were in the process of being rewritten in the new format. We found that care plans contained all the assessments and plans to detail people`s needs and what support they needed, however these needed more personalisation to ensure staff knew how people preferred their needs to be met. We found that the manager arranged for reviews to take place with people and their families where appropriate so they could capture people`s voice in the care plans.

The manager when they commenced their employment ensured that the provider's governance systems and processes were well known to staff and used consistently to provide good quality service for people. They carried out observations, introduced monitoring charts and also carried out regular audits to assess the quality and the safety of the care provided to people. This approach led to significant improvements to the safety of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us there were enough staff most of the time to meet their needs, however at times staff turned people's call bells off without returning in a timely manner to meet their needs.

Risks to people`s wellbeing were assessed and mitigated, however there were high numbers of falls recorded each month which needed further analysis to ensure measures could be implemented to reduce these.

People were protected from the risk of harm.

Staff were recruited through robust procedures.

People were protected from the risk of infections and their medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained, and felt supported by their managers to carry out their roles effectively.

Staff adhered to the principles of the Mental Capacity Act 2005.

People enjoyed a variety of foods and the mealtime experience observed was positive.

People had regular access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were kind.

The manager scheduled meetings with people and their relatives where appropriate to discuss and review people`s care.

People could receive their visitors any time they wished.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People's care needs were met in a personalised way by staff who knew them well.

Care plans were being developed to capture people`s preferences, likes and dislikes.

People enjoyed a variety of activities which kept them occupied.

Complaints were responded to in line with the provider`s policy.

Is the service well-led?

Good

The service was well led.

The manager started at the service in March 2018 and they were in the process to register with CQC.

The manager was actively recruiting staff to build up a permanent staff team and reduce the use of agency staff.

The manager was reviewing staff`s deployment and numbers as well as how staff answered call bells to ensure that people`s needs were met in a timely way.

The manager identified through their observations and auditing that actions were needed to improve the quality and safety of the care delivered.

The manager was guiding, mentoring and coaching staff to ensure the culture of the service delivered was value based and personalised to people.

People and staff were complimentary about the manager and the way they were leading by example.

The provider offered support to the manager and made the resources available to improve the service.

Trembaths

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out a focused inspection on 07 February 2018 and found that the provider had made improvements in the areas we found concerns in our comprehensive inspection on July 2018. This inspection was unannounced and took place on 19 July 2018. It was carried out to check that the service had improved further and sustained the improvements made.

The inspection team was made up of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with eight people who used the service, four relatives, nine staff members, the manager, the regional manager, and the provider`s quality improvement manager. We received information from service commissioners and health and social care professionals. We viewed information relating to six people's care and support. We also reviewed records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I do feel safe. It`s lovely here." Another person said, "Staff is always around and that makes me feel safe." Relatives told us they were happy with how people were looked after and they felt the service was safe. One relative said, "The home is lovely, it is very homely and [person] is safe here." Another relative said, "They [staff] make [person] feel safe and cared for."

People had their individual risks assessed and staff were knowledgeable about these and the measures in place to mitigate risk. There were risk assessment tools completed by staff to establish the level of risk for people, however the plans were not as descriptive as they should have been to detail what measures were in place to mitigate and respond to risks. For example, moving and handling assessments detailed where a person needed two staff members assistance to mobilise but did not describe how staff needed to assist the person. People who were able to mobilise independently were not assessed for what equipment they needed such as the hoist and size of sling they may have required in the event they had a fall and were not able to get up on their own. The manager told us they were in the process to assess people and develop risk assessments to contain this information.

We also found that there were high numbers of falls recorded at the home. The manager monitored and analysed falls for trends and patterns and we saw that for people who had recurrent falls they referred people to their GP, occupational health therapists and other professionals to try and establish why people were falling and try to reduce the numbers of falls. We saw that the number of falls on the ground floor reduced, however on the first floor it was still high. The provider`s system used by the manager to monitor accidents and incidents did not prompt to look at environmental factors such as staffing and deployment, layout of the building, lighting and others when analysing these. The manager told us they had identified the increased numbers of falls on the first floor and they were carrying out observations and considering people`s needs to find ways of reducing falls. This was an area which required improvement.

Some people and relatives told us that there was at times a delay in staff answering call bells. They said even if staff answered these at times they made sure people were safe and said they would return later to respond to people`s request. One person said, "They [staff] come if they can, they always come and switch off the buzzer and sometimes they are very quick but sometimes it takes 15 minutes or more [to come back]." A relative said, "I feel very insecure at weekends because there are no seniors sometimes only agency staff." We discussed this with the manager who told us they already identified this issue and they were constantly monitoring not just call bell logs but observing staff answering call bells and if they met people`s needs. They told us and we saw that they had staff meetings where they discussed the call bells and response times as well. They were also monitoring and adjusting staff deployment around the home to help ensure there was enough staff to meet people`s needs. However, this was an area where improvements were still needed to ensure people had their needs met in a timely way.

Staff told us they felt there was enough staff on the ground floor, however at times they felt there was not enough staff on the first floor. The manager told us they were increasing the numbers of senior care staff on duty across the home and they were constantly recruiting to build up a permanent staff group. People were

supported by staff who were recruited safely. Pre-employment checks, such as references, criminal record checks and proof of identify had been completed prior to staff starting work.

Staff we spoke with showed understanding of safeguarding and how to report their concerns internally and externally to local safeguarding authorities. They were aware of how to prevent and recognise the different types of abuse and neglect and told us they would feel very happy reporting concerns to the manager and were certain the manager would respond to their concerns. One staff member told us, "The manager doesn't tolerate the slightest bit of rudeness from staff towards residents." There was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers.

We found that if people sustained unexplained bruises or injuries staff reported these in a timely way and the manager investigated and reported to relevant authorities so protection plans could be put in place to prevent reoccurrence. The manager arranged additional moving and handling training for staff to ensure that if these injuries and bruises were as a result from incorrect moving and handling procedures staff were able to learn the correct way to help people mobilise. We saw that this had a positive impact and these incidents reduced.

There were regular checks of fire safety equipment and fire drills completed. Staff knew how to respond in the event of a fire. We noted that there was a log of staff who had attended a fire drill and the manager told us they ensured that all staff had attended at least one fire drill in 12 months.

People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons appropriately and the home was clean and fresh on the day of our inspection.

Lessons learned were shared at team meetings, supervisions or as needed. We noted that any issues discussed remedial actions were put in place.

Good

Is the service effective?

Our findings

People were happy with how staff supported them. One person told us, "I was in hospital but I wanted to come back here. They [staff] look after me here."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. We saw that induction workbooks for new staff were detailed and thorough and care staff told us they had been a useful introduction to the service, offering an introduction to areas such as service values, safeguarding, whistleblowing, risk assessment and risk management, equality and diversity and confidentiality. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines and infection control.

Staff told us that they were offered regular training. One staff member told us that one of their colleagues had been encouraged to participate in an external end of life training programme which had proved very helpful.

Staff told us they felt supported by the manager to carry out their roles effectively. They said the manager was frequently around, observing and helping with the provision of direct care and gave them valuable feedback. One staff member said, "The manager is very hands-on." Another staff member said, "The manager is very supportive I can approach them any time." An agency staff member told us, "I go in different places and I have never seen any manager out and help as much. They came and ensured I was okay when I had my first shift here. The staff are very lucky to have a manager like this."

We saw that the manager had started supervision and appraisal sessions with staff and they told us they were planning to have these regularly so that staff could have a structured development plan and training and development needs could be identified.

People were supported to make their own decisions and where they were unable, a capacity assessment was completed. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that DoLS applications were submitted by the manager as required.

We checked whether the service was working within the principles of the MCA, and found that they were. Staff were knowledgeable about the MCA principles and we saw that they applied these effectively when providing care to people. For example, staff offered choices to people and they respected this. One person said, "They always ask me at night, 'would you like to go to bed or would you prefer to sit in the chair and

watch TV for a while?` I can do what I want."

We observed staff in the morning asking people when they wanted to get up and supporting people as much as possible to get up when they wanted. People had choices about drinks, meals, where they wanted to spend their day and what they wanted to wear. One staff member said, "It is their choice when they want to get up or to go to bed or participate in activities. We can only encourage and respect their choice." We saw that best interest decisions were documented to enable staff to support people safely.

People told us the quality of the food improved. One person said, "The food has improved." Another person said, "It`s nothing special but it is alright."

We observed meal times over breakfast and lunch. The dining area on the ground floor had been given a purpose with nicely laid tables, condiments and cutlery and at meal times the atmosphere was relaxed and pleasant. On the first floor although tables were laid there were no condiments on the table and the environment was not as welcoming. On the ground floor at lunch time the chef was dishing out people`s meals to monitor and observe how much people were eating and if they liked the food. Visual choice was offered to people to help them decide what they wanted to eat.

We saw that people were offered regular snacks and had access to a range of drinks throughout the course of the day. Food and fluid intake was monitored and recorded. Generally, people were weighed monthly, unless there was a concern with their weight in which case they were weighed weekly. We found that referrals to health care professionals were made as needed and fortified foods were provided.

People had regular access to health and social care professionals as needed. We saw from people's records that the GP, speech and language therapists and chiropodists attended the home regularly. One member of staff told us that a 'frailty nurse' had been involved in end of life care planning for a person. This nurse was a member of the local hospice staff who came into the home to support people nearing the end of their life.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "I love them [staff] all. They are kind and very good to me." Another person said, "They [staff] try hard to look after me, the carers are lovely. They have told me they don't want me to leave." One relative told us, "The carers are nice and kind and they try very hard to do anything if we ask."

Staff talked about people with consideration and kindness and emphasised their desire to be gentle and compassionate in their dealings with people. One staff member said, 'I like the way staff treat residents here." Another staff member said, "I'd recommend my family members to come here without any hesitation."

Staff we spoke with showed concern for people's wellbeing in a caring and meaningful way. They gave us examples of ensuring people were offered support when upset or anxious and of responding promptly to people's needs and offering them choices. We observed during the day that interactions between people and staff employed at the home were positive. Staff were speaking to people all day as they passed by. For example, in the morning we observed a staff member tapped on a person`s door as they walked past to begin their shift saying, "Morning [name of the person], see you soon." Another staff member said to a person, "We'll go into the garden later to do some deadheading."

There were numerous occasions when staff pre-empted people's needs without them having to ask. We observed a maintenance staff member helping a person settle after being in the garden. They were saying, "Let me put these pens here for you. Now if I put your drink here can you still reach it?" This meant that staff working at the home had people`s best interests at heart and delivered care and support in a kind way.

People's needs in respect of their age and disability were clearly understood by staff and met in a caring way. Every person we spoke with told us that staff were very good at protecting their privacy and dignity. There were signs outside the room requesting not to enter when care was going on and these were used appropriately throughout the day. One person told us, "They [staff] always shut the door if they are helping me." Another person said, "They draw my curtains to keep it extra private if I need help." A third person said, "They [staff] help me when I need it but you never feel they are standing and watching you. The carers are really good."

People told us that they could influence the care they received and staff supported them the way they wanted. However, we asked the manager to emphasise the need for staff to offer daily baths and showers to people especially when the weather was hot as people did not know they could have more than one bath or shower in a week so they didn't ask.

The manager had started inviting people and where appropriate their relatives to review the care and support they received. One relative told us they recently had a review with the manager which had been helpful and they were awaiting feedback on issues raised.

Confidentiality and privacy was promoted. We found that staff spoke discreetly and sensitive information was stored securely.

Good

Is the service responsive?

Our findings

People`s care needs were met in a personalised way. We observed in the morning that staff gently opened bedroom doors and if people were still asleep they did not disturb them and attended to people who were awake to deliver personal care. Staff showed us they understood the importance of flexible and responsive care. They told us the manager tried to ensure consistency of staff for people and many staff had cared for people for a long time.

People's care plans were changing to a new format. New care plans were developed and we saw that they were detailed in assessing people`s needs and risk levels and also what support they needed from staff. There were plans to develop these further to ensure they were personalised to each individual and reflective of people`s likes, dislikes and preferences of care. Care plans we saw in the old format included person centred information about people.

People`s needs in regards to their spirituality were described in care plans and we saw that there were regular visits from spiritual leaders at the home so people could satisfy their religious needs.

People told us they were not bored and they had plenty to do. One person told us, "There is quite a lot to do. We have had Elvis look alike singing; he kissed my hand. We had a visit to Standalone Farm to see all the animals and we had ducklings in an incubator and watched them grow."

The activity coordinator told us they had support from the manager and staff to deliver the activities they planned for people. There were several pictorial activity boards displayed in the communal areas for people to know what activities the home provided. These included musical entertainment, outings, arts and crafts, dance therapy and music therapy as well as individual activities people could do such as colouring, knitting and gardening.

We observed that activities were provided on the day of the inspection and people participated either in the group musical dance activity or they were colouring, singing and listening to music. We observed a staff member taking a person in their wheelchair to go around the garden because they wanted to be outside for a while.

The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice. Staff received support from a `frailty nurse` from a local hospice to deliver care and support to people nearing the end of their life.

People`s feedback was sought via surveys, meetings and forums organised by the manager. We saw that the relative meetings were advertised in the home, however due to poor attendance the manager was corresponding with relatives via e-mail as well.

People told us there were food forums in the home and following feedback the quality of the food improved. The manager told us they were acting on people and relatives feedback and this was confirmed by relatives. The manger told us that they were discussing with the chef the feedback they received from some people and relatives who felt that the meal portions in the evenings were too small.

We saw that formal complaints were responded to promptly in line with the provider`s policy and lessons learned were shared with staff to help ensure that improvement could be achieved and people received the care they wanted.

Good

Is the service well-led?

Our findings

People we spoke with knew the manager and liked them. One person told us, "The new manager is very approachable and she tries very hard." Another person said, "I feel I can talk to [manager] anytime."

Staff told us they felt the manager had brought positive change and led from the front. Staff told us they were happy working at the home and told us the home had moved forward and it was in a better place. One staff member said, "It is lovely now here. I cannot tell you how nice it is to not feel anxious when you come to work. It is so nice to feel supported. The manager really changed the home and we are so glad they are here." Another staff member said, "The home is in a better place now and moving forward. We all work together because the manager is supporting us."

Staff appeared to have very good relationships with the manager and we observed them speaking freely with them during the inspection. One staff member said, "I enjoy coming to work. It's a nice atmosphere. Everyone is willing to help everyone else."

Staff we spoke with told us they felt very supported by the current manager. Several described them as 'approachable.' One staff member told us, "The manager listens to everyone and takes action immediately if necessary." The manager told us, "I have told carers (staff) I am here to stay and that reduces uncertainty. I want carers to tell me if there is ever a problem and then we can sort it out together."

Staff told us they felt there was an emphasis on support, fairness, transparency and an open culture and gave us examples of raising concerns and these being dealt quickly by the manager. They told us that the provider and the manager had a clear vision and a set of values that included, involvement, compassion, dignity, independence, respect, equality and safety. Staff told us they were fully engaged with these values and we saw this demonstrated by them in the interactions we saw between staff and people.

We observed the manager being hands on and involved in all aspects of the home. We arrived at the home at 07.30 am and the manager was already in the home walking around and checking if people and staff were happy and content. They told us they often arrived at the home early so they could catch up with the night staff and participate in the handover. This approach led to staff feeling supported and helped to reduce staff turnover.

We found that agency use was reducing gradually due to the manager`s recruitment drive. They told us that their plan was to build a permanent staff team and create additional senior staff roles so that the home had permanent manager cover over the weekends as well as during the week. There were several newly employed staff waiting to complete pre-employment checks so they could start working in the home. This included a deputy manager as well.

We saw that the manager assessed all areas of care delivery and they set clear actions for staff to improve the care and support people received. They communicated and shared their vision and supported staff to change from a task led culture to deliver personalised care which was led by people. In the four months of

being a manager they brought stability and improvements to all the areas we found in our previous inspection requiring improvements.

The provider`s governance systems and processes were used effectively by the manager to ensure they could identify and improve the quality of the service. For example, there were regular audits including care plan audits, infection control, health and safety, medicines and call bell audits. Where actions resulted from these audits they were completed and signed off. In addition, the manager carried out monthly unannounced night visits to ensure that processes and systems were followed during the night as well and people were safe.

The manager ensured that staff felt supported through supervisions and appraisals as well as regular staff meetings. We saw from meeting minutes that staff were kept up to date with the changes in the home implemented by the manager and they could share their views and participate in the running of the home. For example, the manager introduced a daily allocation sheet which was completed in the morning to ensure staff were clear on their responsibilities. They also introduced a meal monitoring form where staff indicated when they served people`s meals. This ensured that nobody was missed when meals were served.

The area manager told us they were happy with how the home had progressed since the manager had started. They told us they made the resources available for the manager to implement the changes needed to improve the standards in the home. For example, the manager had plans and discussed with the area manager that the environment on the first floor needed improving so it provided the same welcoming clean feel as the ground floor.

The manager told us they were working to establish good relationships with people and all the relatives visiting the home so they had confidence in raising any issues they may had. We saw on the day of the inspection the manager talking with relatives, answering their calls and updating them about people`s conditions. This suggested that they knew people well and they worked in an inclusive and open way.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.